

Cody, Karen

From: Mckinley, Lisa
Sent: Wednesday, October 30, 2013 10:57 AM
To: Lapierre, Kenneth
Cc: Asencio, Carlos I.; Lisa Ann McKinley; McKinley, Stephen
Subject: Grievance Discussion

Importance: High
Sensitivity: Confidential

Good morning Ken,

Earlier today I discussed a number of issues with Carlos Asencio, LER Representative.

Per his recommendation I would like to schedule a grievance discussion with you regarding a Memorandum I received from my Supervisor , Naima Halim-Chestnut, dated October 23, 2013.

He indicated that you would be the appropriate person to have a discussion with.

I will be on leave through November 1, 2013 and would like to schedule a time on Monday, November 4, 2013. I am available between 7:00am and 5:00pm and can work around your schedule.

Lisa Ann McKinley

EEO Specialist, Environmental Scientist
Office of Civil Rights, U.S. Environmental Protection Agency
Region IV 61 Forsyth St., SW, Suite 9T43,
Atlanta, GA 30303
404.562.9403
mckinley.lisa@epa.gov

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From: Mckinley, Lisa
Sent: Wednesday, October 30, 2013 7:05 AM
To: Asencio, Carlos I.
Cc: Lockhart, Freda; Lisa Ann McKinley; 'McKinley, Stephen'
Subject: Meeting and request for Interment Family and Medical Leave to begin today October 30, 2013
Importance: High
Sensitivity: Confidential

Good morning Carlos,

I am in the office and available to met with you at your earliest convenience.

I am also requesting that you provide the necessary paper work for me to submit for Interment Family & Medical Leave.

Freda Lockhart indicated that you would also be able to provide the paper work for me to apply for short term disability for the recent days that I have been off at my doctors request (I would be happy to provide you with a copy of the letter dated 10/24/13).

You should have also received or will receive a letter from my doctor based on yesterdays visit.

I request that my Interment Family and Medical Leave begin today October 30, 2013.

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Cody, Karen

From: Mckinley, Lisa
Sent: Friday, November 01, 2013 8:11 AM
To: Lapierre, Kenneth
Cc: Asencio, Carlos I.; Lisa Ann McKinley; McKinley, Stephen
Subject: RE: Grievance Discussion

Importance: High
Sensitivity: Confidential

Do we have a date, time for our meeting next week?

Lisa Ann McKinley

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From: Lapierre, Kenneth
Sent: Wednesday, October 30, 2013 1:15 PM
To: Mckinley, Lisa
Cc: Asencio, Carlos I.; Lisa Ann McKinley; McKinley, Stephen
Subject: RE: Grievance Discussion
Sensitivity: Confidential

Thanks Lisa,

I'll have Teresa schedule time for us to meet early next week.

Ken

Kenneth R. Lapierre
Acting Assistant Regional Administrator
Office of Policy and Management
EPA Region 4
(404) 562-8570

From: Mckinley, Lisa
Sent: Wednesday, October 30, 2013 10:57 AM

To: Lapierre, Kenneth
Cc: Asencio, Carlos I.; Lisa Ann McKinley; McKinley, Stephen
Subject: Grievance Discussion
Importance: High
Sensitivity: Confidential

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NORTHSIDE INTERCHANGE BLDG.
5780 PEACHTREE-DUNWOODY RD.
SUITE 200
ATLANTA, GA 30342
PHONE: (404) 255-8022
FAX: (404) 255-7248

October 30, 2013

CUMMING
1505 NORTHSIDE BLVD.

SUITE 2400
CUMMING, GA 30041

PHONE: (770) 888-0188
FAX: (770) 888-3358

ALPHARETTA
11975 MORRIS ROAD
SUITE 300

ALPHARETTA, GA 30005
PHONE: (770) 521-2295

FAX: (770) 255-0333

OBSTETRICS & GYNECOLOGY

JOSE A. GARCIA, M.D.

JOHN G. MOORE, M.D.

H. KIT HOWARD, M.D.

MICHAEL C. SCOTT, M.D.

SHAPOUR MOBASSER, M.D.

STEPHANIE S. Grogan, M.D.

JENNY JO, M.D.

MICHAEL L. McDaniel, M.D.

COURTNEY E. MIDDLETON, M.D.

CERTIFIED NURSE MIDWIVES

BETSY EDMONDSON, C.N.M.

JOY GRANT, C.N.M.

WENDY GIBBONS, C.N.M.

WENDY FREEMAN, C.N.M.

JANICE COLLINS, C.N.M.

MARIANNE HOEPFNER, C.N.M.

SUSAN ABBOTT, WHNP-BC

Re: Lisa A. McKinley
DOB: 9/11/65
PWC#: 12072
Medical necessity of leave of absence from employment

To Whom It May Concern:

I am writing this letter in regard to the above captioned patient who has been under my medical care for greater than 21 years. Ms. McKinley has recently suffered an exacerbation of her medical conditions due to a stressful work environment associated with her current job.

Therefore, it is medically necessary for Ms. McKinley to be granted a paid leave of absence for her employment from 10/24/13 to 11/1/13. She will be re-evaluated on 11/7/13 as part of her continuing care and will require periodic follow up exams as well.

Michael C. Scott, M.D.

MCS/smg

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Lisa Ann McKinley
Employee's job title: EEO Specialist Regular work schedule: MWF - Office
Employee's essential job functions: ADR Coordinator, T-TH - telework
EEO Training Coordinator, Manage 4700 Forms
and Title VI
Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Lisa Ann McKinley
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: Michael C. Scott MD, 570 Peachtree Dunwoody Rd NE #342
Type of practice / Medical specialty: OB/GYN
Telephone: (404) 255-8022 Fax: (404) 255-7248

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 10/24/13

Probable duration of condition: 10/24/13 - 4/24/14

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

10/24/13; Agt scheduled for 11/7/13

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.

Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
☒ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date: N/A

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

Based on intermittent leave → when symptoms present unable to work

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Early menopausal syndrome which can cause
Anxiety, lack of concentration. When these
symptoms occur job performance may be affected,
therefore advised not to work when these
symptoms present themselves.

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☒ Yes. 10/24/13 through 11/1/13

If so, estimate the beginning and ending dates for the period of incapacity: 10/24/13 through 11/1/13

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☒ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

next Appt 11/7/13. Following Appt's to be determined based on need.

Estimate the part-time or reduced work schedule the employee needs, if any: unable to estimate for appointments
_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☒ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☒ Yes. If so, explain:

Early menopausal Syndrome can cause anxiety & lack of concentration. Unable to work when these symptoms occur.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

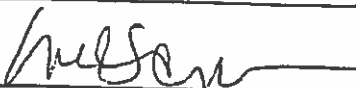
Frequency 1-2 times per week(s) 1 month(s)

Duration: 2-3 hours or day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Early menopausal syndrome is not predictable. Due to the nature of this patient's job, her symptoms seem to be exacerbated by current job assignment. Symptoms would most likely be greatly decreased in duration & severity if patient could be reassigned.

to a less stressful & demanding position.
This would greatly aid in the treat-
ment of this recognized syndrome.



Signature of Health Care Provider

10/31/13

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Cody, Karen

From: Mckinley, Lisa
Sent: Monday, November 04, 2013 8:47 AM
To: Asencio, Carlos I.; Lapierre, Kenneth
Cc: Lisa Ann McKinley; McKinley, Stephen
Subject: November 6 - is the last day for my Grievance Action - Please Advise

Importance: High
Sensitivity: Confidential

Does the request I made to Ken Lapierre on October 30 to meet regarding the grievance met the 15 day requirement to begin the Grievance process.

I have asked to schedule a meeting for today November 4, 2013 and to date have not received a time.

Ideally, I would like to meet, in an effort to resolve this issue.

So my question is if a meeting is not set prior to Wednesday, November 6 will I need to file a formal grievance or lose my right based on the 15 day policy? If so how do I go about doing this?

Lisa Ann McKinley

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